

12/12/01  
JC945 U.S. PTO

12-17-01  
A

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**  
*(Only for new nonprovisional applications  
under 37 CFR 1.53(b))*

Please type a plus sign (+) inside this box  +

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PTO/SB/05 (11-00)

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|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><i>(Only for new nonprovisional applications<br/>under 37 CFR 1.53(b))</i> | Attorney Docket No.    | 240083.514                                                          |
|                                                                                                                                     | First Inventor         | Neil S. Cutshall                                                    |
|                                                                                                                                     | Title                  | PHARMACEUTICAL USES AND<br>SYNTHESIS OF NICOTINANILIDE-N-<br>OXIDES |
|                                                                                                                                     | Express Mail Label No. | EL487808845US                                                       |

10/10/1986  
U.S.P.T.O.  
10/12/2001  
10/15/2001  
10/17/2001

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i>                                                                                                                                                                                                                                                                                                                                                    | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)                                                       |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                              | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence<br>Submission <i>(if applicable, all necessary)</i>                                        |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 76.]                                                                                                                                                                                                                                                                                                                                                                                                                             | a. <input type="checkbox"/> Computer Readable Form (CRF)                                                                                                     |
| - Descriptive title of the Invention                                                                                                                                                                                                                                                                                                                                                                                                                                                               | b. <input type="checkbox"/> Specification Sequence Listing on:                                                                                               |
| - Cross Reference to Related Applications                                                                                                                                                                                                                                                                                                                                                                                                                                                          | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or                                                                                                    |
| - Statement Regarding Fed sponsored R & D                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ii. <input type="checkbox"/> paper                                                                                                                           |
| - Reference to sequence listing, a table,<br>or a computer program listing appendix                                                                                                                                                                                                                                                                                                                                                                                                                | c. <input type="checkbox"/> Statements verifying identity of above copies                                                                                    |
| - Background of the Invention                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                              |
| - Brief Summary of the Invention                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                              |
| - Brief Description of the Drawings <i>(if filed)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                              |
| - Detailed Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                              |
| - Claim(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                              |
| - Abstract of the Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                              |
| 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                              |
| 5. Oath or Declaration [Total Sheets 1]                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                              |
| a. <input checked="" type="checkbox"/> Newly executed (original)                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))                                                                         |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br><i>(for a continuation/divisional with Box 18 completed)</i>                                                                                                                                                                                                                                                                                                                                                        | 10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of<br><i>(when there is an assignee)</i> Attorney |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in<br>the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).                                                                                                                                                                                                                                                                                                                 | 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>                                                                             |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                     | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS<br>Citations                             |
| 18. If a CONTINUING APPLICATION OR APPLICATION CLAIMING FOREIGN PRIORITY, check appropriate box, and supply the<br>requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <input checked="" type="checkbox"/> Claims priority from provisional application<br>No. <u>60/258,730</u> filed <u>12/29/00</u> | 13. <input type="checkbox"/> Preliminary Amendment                                                                                                           |
| Prior application information      Examiner _____                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>Should be specifically itemized</i>                                         |
| For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or<br>declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or<br>divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a<br>portion has been inadvertently omitted from the submitted application parts.                                                     | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>                                               |
| 19. CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 16. <input type="checkbox"/> Request and Certification under 35 U.S.C.<br>122(b)(2)(B)(i). Applicant must attach form<br>PTO/SB/35 or its equivalent.        |
| <input type="checkbox"/> Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17. <input checked="" type="checkbox"/> Other: _____<br><u>Check for \$1212.00</u>                                                                           |

18. If a CONTINUING APPLICATION OR APPLICATION CLAIMING FOREIGN PRIORITY, check appropriate box, and supply the  
requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  
 Continuation     Divisional     Continuation-in-part (CIP)     Claims priority from provisional application  
No. 60/258,730 filed 12/29/00

Prior application information      Examiner \_\_\_\_\_  
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or  
declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or  
divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a  
portion has been inadvertently omitted from the submitted application parts.

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|-------------------|---------------------------------------------------------------------------------------|--------------------------------------|-------------------|
| Firm Name         | <input type="checkbox"/> Customer Number or Bar Code Label                            |                                      |                   |
| Address           |  |                                      |                   |
| City, State, Zip  | 00500                                                                                 |                                      |                   |
| Country           | PATENT TRADEMARK OFFICE                                                               |                                      |                   |
| Telephone         | Fax                                                                                   |                                      |                   |
| Name (Print/Type) | Carol J. Roth                                                                         | Registration No.<br>(Attorney/Agent) | 32,783            |
| Signature         | Carol J. Roth                                                                         | Date                                 | December 12, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount  
of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND  
FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** **1212.00**

| Complete if Known    |                          |
|----------------------|--------------------------|
| Application Number   |                          |
| Filing Date          | <b>December 12, 2001</b> |
| First Named Inventor | <b>Neil S. Cutshall</b>  |
| Examiner Name        |                          |
| Group Art Unit       |                          |
| Attorney Docket No.  | <b>240083.514</b>        |

| <b>METHOD OF PAYMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                |                   |                                                                            | <b>FEES CALCULATION (continued)</b>                                                                                                                                                                                                                                                                                                                                                                                                                        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| <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other<br><input type="checkbox"/> Deposit Account:<br>Deposit Account Number <b>19-1090</b><br>Deposit Account Name <b>Seed Intellectual Property Law Group PLLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                |                   |                                                                            | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>SurchARGE - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>SurchARGE - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt.</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> </tbody> </table> |  |              |  |                 | Large Entity |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)           | 105        | 130 | 205 | 65  | SurchARGE - late filing fee or oath |                   | 127 | 50  | 227 | 25  | SurchARGE - late provisional filing fee or cover sheet |                  | 139 | 130 | 139 | 130 | Non-English specification |                    | 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination |                        | 112 | 920*         | 112 | 920* | Requesting publication of SIR prior to Examiner action |          | 113 | 1,840*       | 113          | 1,840*         | Requesting publication of SIR after Examiner action |           | 115          | 110         | 215               | 55                 | Extension for reply within first month |             | 116        | 400                | 216 | 200 | Extension for reply within second month |                       | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt. |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | Small Entity   |                   | Fee Description                                                            | Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Fee Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                                                                                                                                                                                                                                                                                                                                                                           | 130          | 205            | 65                | SurchARGE - late filing fee or oath                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 50           | 227            | 25                | SurchARGE - late provisional filing fee or cover sheet                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2,520        | 147            | 2,520             | For filing a request for ex parte reexamination                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 920*         | 112            | 920*              | Requesting publication of SIR prior to Examiner action                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,840*       | 113            | 1,840*            | Requesting publication of SIR after Examiner action                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 110          | 215            | 55                | Extension for reply within first month                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,440        | 218            | 720               | Extension for reply within fourth month                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,960        | 228            | 980               | Extension for reply within fifth month                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                            |  |     |    |     |    |                                                                            |    |     |     |     |     |                                                               |  |     |     |     |     |                                                                  |  |     |     |     |     |                                         |  |     |     |     |     |                                                           |  |                           |  |  |  |  |  |
| 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 320          | 220            | 160               | Filing a brief in support of an appeal                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 130          | 122            | 130               | Petitions to the Commissioner                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| 126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 581                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 740          | 246            | 370               | Filing a submission after final rejection (37 CFR § 1.129(a))              |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 149                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 740          | 249            | 370               | For each additional invention to be examined (37 CFR § 1.129(b))           |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Other fee (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Total Claims <b>44</b> -20** = <b>24</b> * <b>18</b> = <b>432</b><br>Independent Claims <b>1</b> -3** = <b>0</b> * <b>84</b> = <b>0</b><br>Multiple Dependent * _____ = _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 1. <b>BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td><b>740</b></td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$ 740)</td> <td></td> </tr> </tbody> </table><br>2. <b>EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><b>44</b></td> <td><b>-20**</b></td> <td><b>= 24</b></td> <td><b>* 18 = 432</b></td> </tr> <tr> <td>Independent Claims</td> <td><b>1</b></td> <td><b>-3**</b></td> <td><b>= 0</b></td> </tr> <tr> <td>Multiple Dependent</td> <td>*</td> <td>84</td> <td>0</td> </tr> <tr> <td colspan="4">SUBTOTAL (2) (\$ 432)</td> </tr> </tbody> </table> |              |                |                   |                                                                            | Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Small Entity |  | Fee Description | Fee Paid     | Fee Code | Fee (\$)     | Fee Code | Fee (\$)        | 101      | 740      | 201      | 370      | Utility filing fee | <b>740</b> | 106 | 330 | 206 | 165                                 | Design filing fee |     | 107 | 510 | 207 | 255                                                    | Plant filing fee |     | 108 | 740 | 208 | 370                       | Reissue filing fee |     | 114   | 160 | 214   | 80                                              | Provisional filing fee |     | SUBTOTAL (1) |     |      |                                                        | (\$ 740) |     | Total Claims | Extra Claims | Fee from below | Fee Paid                                            | <b>44</b> | <b>-20**</b> | <b>= 24</b> | <b>* 18 = 432</b> | Independent Claims | <b>1</b>                               | <b>-3**</b> | <b>= 0</b> | Multiple Dependent | *   | 84  | 0                                       | SUBTOTAL (2) (\$ 432) |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |  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| <b>44</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>-20**</b> | <b>= 24</b>    | <b>* 18 = 432</b> |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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| SUBTOTAL (2) (\$ 432)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                               |          |     |              |              |                |                                                     |           |              |             |                   |                    |                                        |             |            |                    |     |     |                                         |                       |     |     |     |     |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                  |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |       |     |       |                                               |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     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\*\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40)

| <b>SUBMITTED BY</b>   |                      |  |                                     |                   |
|-----------------------|----------------------|--|-------------------------------------|-------------------|
| Name (Print/Type)     | <b>Carol J. Roth</b> |  | Registration No.<br>Attorney/Agent) | <b>32,783</b>     |
| Firm Name/<br>Address |                      |  |                                     |                   |
| Signature             | <i>Carol J. Roth</i> |  | Date                                | December 12, 2001 |

  
**00500**  
 PATENT TRADEMARK OFFICE